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CONFIRMATION NO. 5833

<b>SERIAL NUMBER</b> 10/527,882	<b>FILING OR 371(c) DATE</b> 03/15/2005 <b>RULE</b>	<b>CLASS</b> 540	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> IB/G-32500A
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/07603 07/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0216418.4 07/15/2002  
 UNITED KINGDOM 0222177.8 09/24/2002  
 UNITED KINGDOM 0223976.2 10/15/2002  
 UNITED KINGDOM 0223975.4 10/15/2002  
 UNITED KINGDOM 0223974.7 10/15/2002  
 UNITED KINGDOM 0223977.0 10/15/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Cephalosporins

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees ( Issue )
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